



DEFENSE FINANCE AND ACCOUNTING SERVICE  
INDIANAPOLIS CENTER  
8899 EAST 56TH STREET  
INDIANAPOLIS, INDIANA 46249-3300

Instructions for submission of reduced monthly installment:

**IT IS VERY IMPORTANT TO READ THE FOLLOWING STEPS ON HOW TO FILL OUT YOUR REQUEST FOR REDUCED PAYMENTS TO AVOID ANY AUTOMATIC DISAPPROVAL.**

1. Please fill out your full name, account number and desired reduced monthly payment amount. Your account number can be found on your billing statement.
2. Before we can render a decision on your request for reduced payments, a complete, accurate financial statement is required. A copy of the financial statement is accompanied with your Voluntary Repayment Agreement (VRA). Your financial status will be reviewed to determine if payment by installment is appropriate.
3. DFAS maintains the discretion to reject an unacceptable proposed reduce monthly installment amount. DFAS will notify the Debtor in writing through a letter or a new billing statement with the lump sum balance due.
4. Once you have submitted your request for reduce payments, begin making your requested, reduced monthly payments while your packet is in review. If no payments are received on your account, you are running the risk of your account being forward to the credit bureaus, Department of Treasury and Treasury Offset program.
5. No modification of the terms of this VRA shall be allowed unless by written agreement signed by both parties in the form of a new VRA.
6. This VRA/FHA is only for those debtors that still have an account with DFAS. If you are unsure if your account is still with DFAS, please check your status at <http://www.dfas.mil/debtandclaims.html>. It is possible that your account has already been sent to the Department of Treasury for potential enforced collections. Please use the link above to determine the current status. You can also call our Care Center (866)912-6488 for status of account.
7. If your address has changed from the current address we have on file, please call our customer care center or email us with address change in the subject line for prompt changes to your account.

**SUBMISSION INSTRUCTIONS (Mail, Fax, or Email)**

You can **mail** back the required documents in this packet with a signed copy of the arrangement letter within 15 days to:

DFAS-IN/Debt and Claims, Department 3300  
Attn: Customer Service Center  
8899 East 56th St., Indianapolis, IN 46249

You can also **fax** the required documents and signed copy of the arrangement letter to (317) 275-0281 Attn: Customer Care Center.

You can also **email** the required documents to [Dfas-oosdebt@dfas.mil](mailto:Dfas-oosdebt@dfas.mil). Remember, regardless of how you submit, we need your signature on the VRA/FHA.

Sincerely,

Customer Care Center  
Debt and Claims Management  
1-866-912-6488

Account Number: \_\_\_\_\_

**VOLUNTARY REPAYMENT AGREEMENT (VRA)  
FOR PAYMENT BY INSTALLMENT**

I, \_\_\_\_\_ (“debtor”), acknowledge that I owe and am obligated to repay a debt to the United States. I agree to repay by installment the full amount of the debt shown on the account statement dated \_\_\_\_\_. I understand that DFAS will send me a monthly account statement and I will be required to pay the amount billed within 30 days from the date of the account statement. I agree to pay the debt under the following terms and conditions:

**1. Payment Obligation:** I agree to repay the debt in the manner I have selected below (select one):

\_\_\_\_\_ **Installment Amount Listed on the Account Statement dated** \_\_\_\_\_

I agree to pay, on a monthly basis, the “**Installment Amount**” listed on the initial account statement I received. My first installment payment must be received by the date listed on the account statement. Failure to submit my first payment by the due date will result in the cancellation of this VRA and I understand I will be billed for the full balance of my debt. Timely payment of my monthly installment should result in the full payment of my debt within 36 months. Interest will continue to accrue each month on the remaining balance of my debt.

\_\_\_\_\_ **Reduced Monthly Installment Amount**

Payment at the monthly rate shown on the initial account statement would result in an extreme financial hardship for me. I am requesting a reduced monthly payment based on my financial status as indicated in the enclosed Financial Hardship Application. I agree to make a reduced monthly payment in the amount of \_\_\_\_\_ for 1 year from the date of this VRA. After 1 year, I understand I will be billed in full for the remaining amount of my debt and if I am unable to pay the debt in full, I must enter into a new VRA. Interest will continue to accrue each month on the remaining balance of my debt.

**2. Review of Financial Status.** Your financial status must be reviewed to determine if payment by installment is appropriate. **You MUST submit a completed Financial Hardship Application with your VRA** in order for DFAS to approve your request to pay the debt by installment. DFAS maintains the discretion to reject an unacceptable VRA.

**3. Crediting of Payments Made.** Payments will be credited in the following order: first, to outstanding late payment penalties and administrative charges; second, to accrued and unpaid interest; and third, to the principal balance owed.

**4. Interest, Late Payment Penalties, and Administrative Charges.** Pursuant to 31 U.S.C. 3717, interest, late payment penalties, and administrative costs are charged on debts owed to the United States. Late penalties shall be charged in an amount not to exceed 6 percent per year on any amount that is more than 90 days past due.

**5. Default and Demand for Immediate Payment in Full.** In the event I default on my obligation under this VRA, DFAS shall be entitled to terminate this VRA without notice. Upon termination, DFAS shall retain all amounts paid. Any unpaid balance of the debt will be automatically reinstated and shall become immediately due and payable pursuant to law. DFAS shall be entitled to take any lawful action it deems appropriate to collect the debt.

**I certify that I have read and understand the terms of this VRA.**

**Signature of Debtor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Modification.** No modification of the terms of this VRA shall be allowed.

**DO NOT WRITE BELOW THIS LINE**

As an authorized representative of the United States, I hereby accept the installment agreement set forth above.

**Agency Representative**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Title and Agency:** \_\_\_\_\_

THIS REPORT CONTAINS INFORMATION SUBJECT TO THE PRIVACY ACT OF 1974 AS AMENDED.

# Financial Statement of Debtor

(Submitted for Government Action on Claims Due the United States)

**Note: Complete all blocks. Write "N/A" (not applicable) in those blocks that do not apply. Use additional sheets where space on this form is insufficient or continue on back of this page.**

**Privacy Act Notice:** We are asking you for this information pursuant to the U. S. Department of the Treasury's authority to collect debts owed to the United States, which is found at 31 U.S.C. 321, 3701 et seq., and 31 C.F.R. parts 285 and parts 900-904. The principal purpose for gathering this information is to evaluate your ability to pay the Government's claim or judgment against you. This information may be disclosed to other Federal agencies, credit bureaus, and private collection agencies for the purpose of collecting debt(s) owed by you to the United States. Your name and social security number may be disclosed to your employer if we decide to garnish your wages to collect debt(s) owed by you to the United States. This information may also be disclosed to a court, magistrate, congressional office, or a Federal, state, or local government agency, as authorized or required by Federal law. We are required to ask you for your social security number pursuant to 31 U.S.C. 7701(c)(1). Your social security number will be used for purposes of collecting and reporting on any delinquent amounts you owe to the United States. Disclosure of your financial information is voluntary. However, if the requested information is not furnished, the U. S. Department of the Treasury may not be able to resolve your debt pursuant to a mutual agreement, and we may ask the Department of Justice to obtain disclosure of the information by legal methods.

## PERSONAL INFORMATION

1. Name (Debtor)		2. Birth Date (Month/Day/Year)		3. Social Security Number	
4. Home Address (Street)			(City, State & Zip Code)		
5. Home Phone (Area Code)			6. Cellular Phone Number (Area Code)		
7. Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (single, divorced, widowed)		8. Spouse's Social Security Number:		9. Spouse's Birth Date (Month/Day/Year):	
10. List the dependents you claim on your tax return: (Attach sheet if more space is needed)					
Name		Age		Relationship	
				Does this person live with you?	

## EMPLOYMENT INFORMATION

11. Present Employer's Name		12. Employer's Phone Number	
13. Employer's Address (Street)		(City, State, and Zip Code)	
14. Job Title		15. Present Employment (Length)	
16. Spouse's Employer's Name		17. Employer's Phone Number	
18. Employer's Address (Street)		(City, State, and Zip Code)	
19. Job Title		20. Present Employment (Length)	
21. Do you receive income from sources other than your own business or your employer? (Check all that apply.)			
<input type="checkbox"/> Pension <input type="checkbox"/> Social Security <input type="checkbox"/> Other (specify, e.g. child support, alimony, rental) _____			

## SALARY, WAGES OR COMMISSION

22. Your gross salary (before any deductions) <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly	\$ _____
23. Your take home pay is:	\$ _____
24. Your commission is:	\$ _____

25. Federal Taxes:

\$

26. State/County/City Taxes:

\$

27. Social Security Taxes (FICA/Medicare):

\$

TOTAL \$

28. Medical Insurance:

\$

29. Union Dues (If applicable):

\$

30. Allotments to Credit Union, Bank, or other Financial Institutions:

\$

31. Life Insurance:

\$

32. List any other payroll deductions (Including 401k contributions):

\$

Total Deductions:

\$

Note: Attach a copy of your last pay stub to the form.

FIXED MONTHLY EXPENSES (Fill in Blanks)			
Rent/Mortgage	\$	Car Insurance	\$
Auto Payment	\$	Water	\$
Gasoline	\$	Telephone	\$
Electricity	\$	Public Transportation	\$
Cable TV	\$	Food	\$
Natural Gas	\$	Other (Specify)	\$
Other Utilities (Specify)	\$		\$
		Grand Total	\$

REAL PROPERTY: FARM/LAND/VACATION HOME/RENTAL

33. Are you buying the home in which you live?

☐ Yes
☐ No

34. Are you buying or do you own real property other than your home?

☐ Yes
☐ No

35. List the value of each piece of property and your equity in it:

Street Address, City, Sate, Zip Lender/Lien Holder	Date Purchased	Purchase Price	*Current Value	Loan Balance	Monthly Payment

36. Is any of the above listed property owned jointly with anyone else?

☐ Yes
☐ No

If yes, list property and the name of the co-owner:

Property:

Co-Owner:

Property:

Co-Owner:

37. Do you rent property to others?

☐ Yes
☐ No

If yes, what is the net income to you?

\$

List credit card, installment, or other payments below (If you need additional space, attach a separate sheet):

Creditor	Credit Limit	Amount Owed	Date of Last Payment	Minimum Payment

## CASH

Provide name and address of the bank or financial institution, and the amount in each account or on deposit:

Type of Account	Name of Bank or Financial Institution	Bank Account Number	Amount in Account or on Deposit
Checking:			\$
Checking:			\$
Savings:			\$
Savings:			\$
Money Market:			\$
401K:			
Other:			\$
		<b>Total Amount:</b>	\$

## OTHER ASSETS

38. Do you own stocks or other types of bonds? ☐ Yes ☐ No If yes, list name and address of issuer and the value:

Name of Issuer	Address of Issuer	Value of all Stocks/Bonds

39. Do you receive any other cash compensations, i.e., insurance annuity, lottery winnings, pensions, or disability benefits?

☐ Yes ☐ No If yes, list the source and the amount below:

Source	Amount
	\$
	\$

## OTHER ASSETS CONTINUED:

40. Do you receive food stamps, SSI funds, or unemployment compensation? ☐ Yes ☐ No

If yes, list below the source and amount:

Source	Amount
	\$
	\$
	\$

41. List model, year, make and value of any auto owned or being purchased by you, your spouse/companion or dependent:

Model/Year	Make	Value
	Total Value:	\$

42. Do you or your spouse/companion own:

a. Camper/Recreational Vehicle <input type="checkbox"/> Yes <input type="checkbox"/> No	Value: \$
b. Boat, Motorcycle, or Motorbike <input type="checkbox"/> Yes <input type="checkbox"/> No	Value: \$
c. Antiques, art collection <input type="checkbox"/> Yes <input type="checkbox"/> No	Value: \$
d. Jewelry valued over \$5,000 <input type="checkbox"/> Yes <input type="checkbox"/> No	Value: \$

Is any of the property listed above owned jointly with anyone else? ☐ Yes ☐ No

If yes, with whom:

## ITEMS WHICH MIGHT AFFECT FUTURE ASSETS:

43. Are you involved in a lawsuit in which you might receive money or something of value: ☐ Yes ☐ No

If yes, state where the suit is filed and what it involves (include Court number and caption):

44. Are you a Trustee, Executor, or Administrator of an estate? ☐ Yes ☐ No

If yes, give details:

45. If anyone holding money on your behalf? ☐ Yes ☐ No

*If yes, give specific details:*

46. If there any likelihood you will receive an inheritance? ☐ Yes ☐ No

*If yes, give specific details:*

47. Are there any outstanding unpaid judgments against you for debts other than this one? ☐ Yes ☐ No

*If yes, give specific details and attach copies of the bills.*

***With knowledge of the penalties for false statements provided by 18 United State Code 1001 (\$10,000 fine and/or five years imprisonment) and with knowledge that this financial statement is submitted by me to affect action by the U. S. Department of Treasury, I certify that I believe the above statement is true and that it is a complete statement of all my income and assets, real and personal, whether held in my name or by any other.***

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

***Please Note: If you have added additional sheets to this form, or added information on the back of this page or any page, please also sign those pages.***